

**MEDICATION MANAGEMENT
(Non-SAN D/MAP)**

WHEN: Alternative method for documenting medications prescribed, dispensed, administered, or discontinued.

ON WHOM: All clients for whom medication is prescribed.

COMPLETED BY: MD/DO.

MODE OF COMPLETION: Legibly handwritten, typed or word processed on form HHSA:MHS-928.

REQUIRED ELEMENTS: Date of service, medication, dose, frequency, route, site of administration, how dispensed, the name of the prescribing physician, number of refills, lab tests/other follow-up, program phone number, client address, CA license number and DEA number.

NOTE: Can be used instead of Medication Profile form.

BILLING: Note in the designated box on the form the procedure code and the total number of minutes. To calculate the total number of minutes include preparation time, interview time and documentation time. Also note in the designated box on the form the number of minutes spent solely as face-to-face time (direct time).

For example: Total: 120 Minutes
Direct: 60 Minutes